DECLARATION and POWER OF ATTORNEY

			ORIGINAL CONTINUATION DIVISIONAL believe that I am the original, first and sole inventor (if only one name is listed as 1 below) matter which is claimed and for which a patent is sought on the invention entitled:				
		CUSTOMER INFORMATION CO hereto unless the following box is checked:	OLLECTION METHOD A	ND SYSTEM,			
	and was amended on	as United States Application	Number of PC1 international Ap	blication Muniper			
i ackno i hereb i hereb	idence, post office address and owledge my duty to disclose info by state that I have reviewed an by claim foreign priority benefits	d critizenship are as stated below next to my nar ormation which is material to the patentability of d understand the contents of the above identific under Title 35, United States Code, § 119 of an in for patent or inventor's certificate having a filin	this application in accordance we ed specification, including the claim by foreign application(s) for paten	ms, as amended it or inventor's ce	by any amendment referred to rtificate listed below and have	o above	
		PRIOR FORE	IGN APPLICATION(S)				
	COUNTRY	APPLICATION NUMBER	DATE OF FILING JMBER Month Day Year		PRIORITY CLAIMED UN 35 U.S.C. 119	IDER	
	Japan	2000-126132	April 26, 2000	April 26, 2000		Yes	
_this ap	plication is not disclosed in the disclose information which is n	35, United States Code, §120 of any United States application in the manner pinaterial to patentability as defined in Title 37, Coternational filing date of this application.	rovided by the first paragraph of "	Title 35, United St	tates Code § 112, I acknowled	ge the	
(Applic	eation Serial No.)	(F	Filing Date)			(Status	
POWE	R OF ATTORNEY. As a name	ad Inventor, I hereby appoint the following attorn	• ,	te this application	and transact all business in th	•	
and Tra	ademark Office connected ther						
Send	i correspondence to:	KODA & ANDROLIA 2029 Century Park East. Suite 3850 Los Angeles, CA 90067-3024	DIRECT TELEPHONE CAL		0A & ANDROLIA 277-1391		
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3	Post Office Address				C	ITIZENSHIF	
	Name of Inventor		Residence, CITY		STATE or COUNTRY		
4	Post Office Address				С	ITIZENSHIF	
thaca c	rtatements were made with the	ade herein of my own knowledge are true and t knowledge that wiliful false statements and the it such wiliful false statements may jeopardize ti	like so made are punishable by t	ine or imprisonme	ent, or potri, under Section 100	rther that 01 of Title	
SIGN	NATURE OF INVENTOR 1	SIGNATURE OF INVENTO	SIGNATURE OF INVENTOR 2				
DATE SIGNATURE OF INVENTOR 1 Shule Voshii 2000. /2. /			DATE				
SIGNATURE OF INVENTOR 3			SIGNATURE OF INVENTOR 4				
DATE	=		DATE				